

Deregistration Official Authorization for DCRT Accounts

Send completed form to DCRT, Building 12A,
Room 1017, Mail Stop Code 5605. For
assistance with this form, call TASC at
4-DCRT.

Part 1 -- Deregistration Official

Name of <i>Current</i> Deregistration Official (DO)	ICD	Name of <i>New</i> Deregistration Official (DO)	ICD
Preferred Initials (<i>assigned by DCRT</i>)	Phone No.	Preferred Initials (<i>assigned by DCRT</i>)	Phone No.
Address		Address	
E-mail Address		E-mail Address	

Part 2 -- Alternate Official

Name of <i>Current</i> Alternate Official	ICD	Name of <i>New</i> Alternate Official (DO)	ICD
Preferred Initials (<i>assigned by DCRT</i>)	Phone No.	Preferred Initials (<i>assigned by DCRT</i>)	Phone No.
Address		Address	
E-mail Address		E-mail Address	

Part 3 -- Accounts.

List all accounts managed by the DO. Use the 4-digit identifier.

Part 4 -- Account to be Charged for Deregistration Process

Account Number (4 characters)	Account Sponsor's Signature	Date
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Part 5 -- Authorization for the Deregistration Official

Executive Officer's Signature	Date
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